

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000131

STATE FILE NUMBER

AMENDED

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 7

FILED JAN 24 1962

1. PLACE OF DEATH

a. COUNTY

Barry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Monett

Length of stay in 1b

9 days

c. CITY

OR TOWN

Cassville

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

St. Vincent Hosp.

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1 1/2 M. North of Cassville

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Margaret

Middle

B.

Last

Thompson

4. DATE OF DEATH

Month

Jan.

Day

12,

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/9/1883

9. AGE (last birthday)

78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Barry County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Benjamin F. Thompson

13b. MOTHER'S MAIDEN NAME

Frances C. Dunlop

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

Miss Kate Thompson, Cassville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Gastric Dilatation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

- Semblity - AS #1

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-23-59, to 1-12-62 and last saw her alive on 1-12-62

Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/14/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Cassville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Doyle Williamson, Cassville, Mo.

25. DATE RECD. BY LOCAL REG.

Jan-14-62

26. REGISTRAR'S SIGNATURE

Mrs P.A. Cook

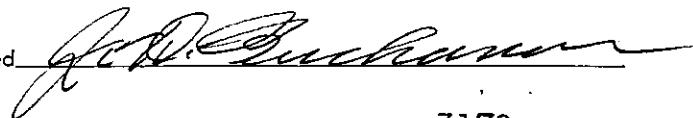
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.